

WEST VIRGINIA INCIDENT REPORTING SYSTEM

MONTHLY ACTIVITY REPORT FOR INCIDENTS WHERE NO FIRE IS INVOLVED

FDID: _____ MONTH: _____ YEAR: _____ COUNTY: _____

Fire Department: _____

***Chapter 8, Article 15, Section 8-a: Eligibility for allocation from municipal pensions and protection fund.
This form will be used for determining eligibility as required by State Law.***

Volunteer and Part-Paid Fire Departments:

If no fires occurred this month, please complete this section:

I, _____, being duly elected as chief of my department ,
certify that our department had no fires for the month indicated.

Chief's Signature: _____ **Today's date:** _____
· *Only the Chief of the department may sign this report, as it is a legal document.*

Notary Public: _____

My commission expires: _____

PLEASE RETURN TO:
WV STATE FIRE MARSHAL'S OFFICE
Public Education Divison
1207 Quarrier St., 2nd Floor
Charleston, WV 25301

